Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-19-10</u>	Address:	339 Vest Rd
Case #:	<u>45F51186</u>		Henryville, IN
County:	<u>Clark</u>		
Type of Laboratory Scizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: Under Front Porch
Items Four	nd: Location (bedroom, kitchen, open a	ir, etc)	Onder Promeroren
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: <u>Under Porch</u>			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): <u>Under Porch</u>			
Corrosive Acid: <u>Under Porch</u>			
Corrosiv	/e Base:		•
Other (it	tem and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report	is to be faxed to the following agen	icies that serve the lo	cation:
Fire Departr	epartment: <u>Henryville VFD</u>		
Health Department: <u>Clark County</u>		Fax: <u>Emaile</u> Fax:	<u>ed</u>
Child Protec	etion Service:	_ 544.	
For further in Investigating	nformation regarding this methamphog Officer: <u>K. Smith</u> Phor	etamine laboratory, co ne 812.246,5424	ontact

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.